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## *Facsimile Transmittal*

**DATE:** March 17, 2005

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 09/974,919

**FAX :** (703) 872-9306

**FROM:** Howard Seo

**Number of Pages Sent:** 12 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT TRANSMITTAL FORM IN  
(1) PAGE; AND AN AMENDMENT IN (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number  
(703) 872-9306. Attention Office of Amendments, on:

3/17/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

12427

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 000153  
In Re Application of: Gregory Woods  
Serial Number: 09/975,919  
Filed: 10/10/01  
Examiner: Daniel Ryman  
Group Art Unit: 2665

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MAR 17 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	16	16		x \$50 =	\$0
Independent**	3	3		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$
				\$450	\$450
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$450

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/17/05

Signature:

Howard Seo, Reg. No. 43,106  
858-845-5235

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 3/17/05

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmeto  
(type or print name)

Signature:

(TRANSAMD.VER1.13-04/30/04)

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Appl. No. 09/974,919  
Amdt. dated March 17, 2005  
Reply to Office Action of 10/20/04

MAR 17 2005

PATENT  
DOCKET:000153

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Gregory Woods

Serial No. 09/974,919

Filed: 10/10/01

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For: MULTIPLE INTERFACE PORT  
MULTIPLEXER

) Group No. 2665

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 20, 2004, the time for responding having been extended two months until March 20, 2005, please amend the above-identified application as follows. Please charge any fees or overpayments that may be due with this response to Deposit Account No. 17-0026.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Darla Kasmedo  
(type or print name)

Signature: \_\_\_\_\_